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SEP 0 1 2005

PATENT Docket No. MLI-05 NPROV

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Daniel F. Justin, et al.

Serial No.: 10/811,038

Filed: March 26, 2004 ) Group Art ) Unit: 3738

For: LASER BASED METAL DEPOSITION OF IMPLANT

**STRUCTURES** 

Examiner: Jason L. Savage

## **AMENDMENT AND RESPONSE TO OFFICE ACTION**

Assistant Commissioner
For Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

area of the order of the property of the company of

This is a response to the Office Action mailed on June 10, 2005. In response to the Office Action, please amend the above-referenced application as follows:

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

ML1-05 NPROV

CLAIMS AS FILED - PART I (Column 2)								SMALL E	MALL ENTITY		OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			33		100.0		]	RATE	FEE	OR ]	RATE	FEE	
FOR			NUMBER FILED		NUME	IER EXTRA		BASIC FEE	<del> </del>	OR	240,000	770.00	E
TOTAL CHARGEABLE CLAIMS			33 minus 20=		. 13			XS 9=		OR	X\$18=		
INDEPENDENT CLAIMS			∽ minus 3 =		2		1	X43=	<del> </del>	1	X86=		
		NDENT CLAIM P	RESENT					A43-		OR	-		U
La							1	+145=		OR			
• If the difference in column 1 is less than zero, enter "0" in column 2						:01011111 2	,	TOTAL	- W. E	OR	/ 77		
W	AT C	Colun) - C	RT II umn 2) (Column 3)			SMALL	ENTITY	OR.	OTHER SMALL				
AMENDMENT A	·	(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT	·	HIGH NUMI PREVIO	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· S	Minus	-3	3	- JJ	X8 9=7		550	OR	X\$18=		
	Independent	.7	Minus	5				KQO	200	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL	728		TOTAL		ľ
		(Caluma 1)		(Colum	in 2)	(Column 3)		ADDIT. FEE	461		ADDIT, FEE		
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO	EST BER OUSLY	PRESENT EXTRA		RATE.	ADDI- TIONAL		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	]. [	X\$ 9= .		OR	X\$18=		
	Independent	•	Minus	•••		=		X43=		OR	X86=		
	FIRST PRESE	PENDENT	CLAIM		ا	+145=			+290=				
				•			Į	TOTAL		ÔR	TOTAL	•	
			•					ODIT. FEE		OR	ADDIT. FEEL		
_	<del></del>	(Column 1) CLAIMS		(Colun		(Column 3)	7 6	• •	ADDI-	· 1		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	•••		=	]	X43=		OR	X86=		
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=	·	
• #	the entry in colu	mn 1 is less than th	e entry in colu	ımn 2, write	"0" in col	umn 3.	L	TOTAL		OR	TOTAL		
	I the "Highest Nu	mber Previously Pa	id For IN THI	S SPACE &	less that less that	n 20, enter "20. n 3. enter "3 "		ODIT. FEE			ADDIT. FEE		
	The "Highest Nun	nber Previously Pak	d For" (Total o	r Independe	nl) is the	highest numbe	er-tou	uo iu ùe abb	ropriate bo:	in co	•.nn •.		l